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AUTHOR Spray, Kristina J.
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ABSTRACT

When accusations of child abuse result from false memories, all parties involved suffer. This paper examines some of the issues surrounding recovered memories of childhood abuse. The mechanisms that the mind may employ to deal with traumatic events, such as disassociation and repression, must be further explored through experimental research to determine if these mechanisms do indeed exist, and, if they do, how they operate. Memory itself is also of vital importance when examining this issue. Studies have shown that memory can be influenced by both internal and external factors, such as the susceptibility to hypnosis, suggestions made by the therapist, or the incorporation of another's story into one's own memory. Likewise, intensive therapies, such as recovered memory therapy, can permit the development of false memories due to influences coming from the therapist. The incredible progress over the past decade in raising society's awareness of child abuse could be jeopardized by false accusations of child abuse. Counselors can avoid adding to future cases of false accusations by establishing guidelines in treatment protocol. Contains 11 references. (RJM)

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Major Concerns Associated With Recovered Memories of Childhood Abuse

Kristina J. Spray

Eastern New Mexico University

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Abstract

Several important concerns surrounding the issue of recovered memories of childhood abuse were examined. The mechanisms of dissociation and repression were found to be lacking in experimental evidence as means by which the mind deals with traumatic events. Therapists and therapy can influence a client's memories leading to false memories. Reporting laws, preventing false accusations, and therapeutic needs of clients were discussed with respect to ethical concerns.

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Major Concerns Associated With Recovering Memories of Childhood Abuse

An issue that has received a large amount of attention from the media during the recent years is that of recovered memories of childhood abuse. Stories from celebrities such as Rosanne Barr Arnold and Marilyn Van Derbur Atler have helped bring further attention to this highly emotional issue (McCullough, 1993).

Equally as emotional are the stories of parents and relatives who have been wrongfully accused of child abuse as a result of memories recovered during therapy. One instance such as this involved allegations against Bishop Gerard O'Keefe by two women (Steinfels, 1993). These women claimed that he had molested them 30 years earlier. Within a year both women dropped these charges because their memories of the alleged events proved to be false.

Another situation involving accusations due to false memories was related about Melody Gavigan in the July/August, 1993, issue of Psychology Today. Gavigan had been dealing with some stressful life experiences and entered into rather intensive therapy which included psychotropic drugs. Her therapist placed a great deal of pressure on her. He insisted that she must have been sexually abused by her parents. As a consequence of this pressure, Gavigan began fabricating stories about her father abusing her as a child. Upon discontinuing therapy with another therapist who used trances to help recover memories, her mind cleared from the drugs. At that point she realized that none of the memories recovered in therapy

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were actually true and that this whole situation had caused her parents considerable strain.

This issue of recovered memories of childhood abuse raises many concerns both for clients and for practitioners. First, how much do psychologists really know about the mechanisms that the mind uses to deal with traumatic events such as child abuse? Second, what impact does the therapy itself have on whether true memories are recovered or false ones created? Finally, there are several ethical issues involved. While symptoms are good indicators of abuse, if the patient does not bring this possibility up in therapy, should the therapist impose his or her opinion on the patient? Another ethical concern involves the fact that many states do not impose a statute of limitations on cases involving recovered memories of childhood abuse. Finally, regardless of whether a person's recovered memories are true or false, that person believes they are real and they must be treated accordingly by therapists.

Dissociation and Repression

The first major concern surrounding this issue deals with how much mental health professionals really know about how the mind handles traumatic events. Two mechanisms that are commonly cited by psychologists with regard to childhood abuse situations are dissociation and repression. Van der Kolk and van der Hart (1991) view dissociation and repression as involving two different models of memory as the primary distinction between them. With dissociation, memory is layered in a horizontal fashion. The

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memory is stored in some "vein" of the conscious mind. In the case of repression, memory is layered vertically and memories are forced down into the unconscious where they cannot be accessed by the individual.

Dissociation involves altering one's perception of the traumatic event (Chu & Dill, 1990). This alteration may be a simple one of forgetting portions of it or it may involve the creation of another personality within the individual (van der Kolk & van der Hart, 1991). In addition, when memories of the traumatic event are triggered, the individual engages in dissociating from it once again (van der Kolk & van der Hart, 1991).

In one study (Chu & Dill, 1990), the researchers were interested in determining whether dissociative symptoms were more prevalent among those who had experienced childhood abuse than those who had not. They found that dissociative symptoms were more common in a group of female inpatients studied who had experienced childhood abuse when compared with those who had not.

The mechanism of repression, however, is more difficult to examine. In theory, there is no knowledge on the part of the individual for the existence of the traumatic memory until it can surface from the unconscious into the conscious (Loftus, 1993). The only means by which the therapist can determine if a client is repressing memories is by looking for particular presenting problems such as depression, anxiety attacks, sleep disturbances, and headaches that have been associated with other cases of repressed memories (Napoli, 1992). While this approach, combined

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with similar experiences of other therapists with patients having repressed memories, lends support to the mechanism of repression from the clinical point of view, there has been no experimental research done to provide support for the existence of such a mechanism (Loftus, 1993).

Despite the fact that there is no experimental proof for the mechanism of repression, it is the mechanism used by many therapists in explaining why an individual suddenly remembers during a therapy session that she or he was sexually abused by a parent 20 years ago. This recovered memory then sets into motion a series of events that may be very painful to all those involved. This leads to a second important concern. What affect does the therapist and/or the therapy have on whether this recovered memory is true or not?

Affects of Therapist and/or Therapy on Clients

An important topic that should be addressed at this point involves the flexibility of memory. A person's memories can be influenced by many factors. Some external factors include literature, suggestions made by a therapist, and listening to stories told by another person about his or her own experiences (Loftus, 1993). An internal factor that can alter one's memories is the fabrication of a memory of abuse to explain feelings created by some normal, but less tolerable experience for that person which occurred in childhood (Loftus, 1993).

A study done by Barnier and McConkey (1992) examined how memory is affected by an individual's hypnotizability, hypnosis

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itself, and the context in which the memory test was administered. They discovered that individuals who were highly hypnotizable reported false memories more often than low-hypnotizable subjects and that the use of hypnosis had no effect. The context of the memory test showed that subjects tested in an informal setting had fewer false reports when compared with those in the formal setting.

This study shows that the degree to which an individual is susceptible to suggestions has a large impact on whether his or her memories can be altered. This implies that during therapy, it is possible for the therapist to unintentionally influence the client's memories especially in the case of recovering memories of childhood abuse.

If it is possible for the therapist to influence the patient's memories of an event, what impact does the nature of the therapy have on these memories? One type of therapy that may have a profound affect on the client's memories (e.g., true vs. false recovered memories) is recovered memory therapy (Ofshe & Watters, 1993). Recovered memory therapy involves helping a patient recover repressed memories in order to deal with some current mental health problem. These practitioners believe that many people are afflicted with mental illnesses as a consequence of repressing memories of childhood abuse. They feel that if these memories can be uncovered, the client will be cured.

With recovered memory therapy the therapist can easily become so overwhelmingly convinced that childhood abuse has taken place strictly on the basis of the symptoms present that she or he fails

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to consider other alternative causes. There is also the danger of pushing a client so hard to remember that the client fabricates memories either consciously or unconsciously to please the therapist. Another possible problem is that the therapist's suggestions of abuse become incorporated into the patient's memories. If any of these situations lead to false memories occurring, the results could be devastating to both the family and the individual.

Ethical Concerns

These topics lead to several ethical concerns. One such concern involves how a therapist proceeds if a client's presenting problems are indicative of childhood abuse but the client has not brought this up in therapy as an issue? Yapko (1993) discusses several guidelines counselors should follow to avoid situations involving false memories. First, the therapist should not automatically conclude that a patient is a victim of child abuse based solely on presenting problems. Presenting problems are only possible symptoms associated with abuse not evidence of abuse. If the patient does not bring up the issue of abuse, but the counselor has strong suspicions, the counselor can bring the issue up, however, if this meets with resistance, the counselor should not press the matter.

Second, if the therapist suspects child abuse, she or he should not refer the client for hypnosis to make a determination regarding these suspicions (Yapko, 1993). Hypnosis is not a reliable technique for recovering memories.

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Third, the counselor should avoid asking the client leading questions (Yapko, 1993). Likewise, the counselor should be aware of his or her voice intonations and body movements so as not to influence the patient.

Fourth, if the client cannot remember parts of her or his childhood, the counselor should not assume that these memories are being repressed (Yapko, 1993). Research has shown that most people do not usually have reliable memories, if any, before the age of two.

Fifth, the therapist should attempt to obtain corroborative evidence from external sources if the situation can be further clarified by it (Yapko, 1993). The more information that can be obtained in this manner to substantiate suspicions of abuse, the better for all involved.

Lastly, intensive memory work can actually hinder progress (Yapko, 1993). The counselor may see more improvement in the client by helping him or her develop good resources as opposed to going through and dealing with every memory the client may have about the abuse.

Another ethical concern involves the fact that many states have reporting laws regarding cases of recovered memories of childhood abuse. For example, in 1989, Maryland changed its reporting laws and now requires that therapists report suspected child abuse regardless of when it took place (Corey, Corey, & Callanan, 1993). If the counselor reports suspected child abuse on the basis of recovered memories and these memories prove to be

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false, innocent people can be hurt and the progress that has been made regarding child abuse may suffer as well.

The last major ethical issue is "how do counselors proceed when memories of childhood abuse are recovered?" Regardless of whether or not the memories are true, the client believes they are true and therefore, the therapist must treat the client accordingly. The client will have to work through these memories and learn how to cope with them. Tne therapist must in turn help the client through the process and cannot simply discount the matter if the client's memories prove to be false.

In conclusion, several concerns are raised in response to the issue of recovered memories of childhood abuse. With respect to the mechanisms the mind may employ to deal with traumatic events such as child abuse, dissociation and repression, there is an urgent need for experimental research to be done in an effort to determine if these mechanisms do indeed exist and if they do, how do they operate. Therapists base a great deal of importance on these mechanisms, it would seem negligent not to investigate them further.

Memory itself is also of vital importance when examining this issue. Studies have shown that memory can be influenced by both internal and external factors. Degree of hypnotizability, suggestions made by a therapist, or incorporating portions of another's story into one's own memory can easily result in the development of false memories. Likewise, intensive therapies such as recovered memory therapy can permit the development of false

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memories resulting from pressure placed on the client by the therapist or suggestions made by the therapist during the course of therapy.

When false accusations of child abuse result from false memories all parties involved directly suffer. However, there are farther reaching consequences as well. Over the past decade, there has been incredible progress in bringing the issue of child abuse to the forefront of societal concerns. False accusations of child abuse could easily put this progress in jeopardy. Counselors must be aware of how they can avoid adding to future cases of false accusations. This involves establishing guidelines and following them as well as being aware of reporting laws in a given state. It also requires that in the event of a client recovering false memories, the therapist must provide treatment and not dismiss him or her because the memories are not true.

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